

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/580388

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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10						
11			1			
12				1		
13						
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16				1		
17			1			
18				1		
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50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		7	←		←
TOTAL CLAIMS		[REDACTED]	10	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←	←		←
TOTAL CLAIMS		[REDACTED]	10	[REDACTED]		[REDACTED]